

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER

2015 OFFICE USE ONLY 8:17

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Communities Applied Policy Strategies

ADDRESS (number and street)

7654 Isley Avenue



Check if different  
than previously  
reported. (ACC)

Las Vegas

NV

89147

4003

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00570531

3. IS THIS  
REPORT



NEW  
(N)

OR



AMENDED  
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:



April 15  
Quarterly Report (Q1)



July 15  
Quarterly Report (Q2)



October 15  
Quarterly Report (Q3)



January 31  
Year-End Report (YE)



July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)



Termination Report  
(TER)

(b) Monthly  
Report  
Due On:



Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)



Nov 20 (M11)  
(Non-Election  
Year Only)



Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)



Dec 20 (M12)  
(Non-Election  
Year Only)



Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:



Primary (12P)



General (12G)



Runoff (12R)

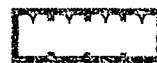


Convention (12C)



Special (12S)

Election on



in the  
State of



(d) 30-Day  
POST-Election  
Report for the:



General (30G)

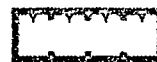


Runoff (30R)



Special (30S)

Election on



in the  
State of



5. Covering Period

07

16

2015

through

10

15

2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Robert Martinez

Signature of Treasurer

*Robert Martinez*

Date

10

15

2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

**FEC FORM 3X**  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Communities Applied Policy Strategies

Report Covering the Period:

From:

07 / 16 / 2015

To:

10 / 15 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2015		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	0.00	
(c) Total Receipts (from Line 19) .....	0.00	0.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	0.00	0.00
7. Total Disbursements (from Line 31) .....	0.00	0.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	0.00	0.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Communities Applied Policy Strategies

Report Covering the Period:

From:

10 / 16 / 2015

To:

10 / 31 / 2016

## I. Receipts

COLUMN A  
Total This Period

COLUMN B  
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

0.00

0.00

(ii) Unitemized.....

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

0.00

0.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry  
Totals to Line 33, page 5).....▶

0.00

0.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received.....

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5).....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)).....▶

0.00

0.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

0.00

0.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share .....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees .....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) .....	0.00	0.00
26. Loan Repayments Made .....	0.00	0.00
27. Loans Made .....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	0.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	0.00	0.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0.00	0.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE OF

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Communities Applied Policy Strategies

A. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		<input type="text"/>
City	State Zip Code	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
<input type="text"/>		<input type="text"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/>	
<input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		<input type="text"/>
City	State Zip Code	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
<input type="text"/>		<input type="text"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/>	
<input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		<input type="text"/>
City	State Zip Code	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
<input type="text"/>		<input type="text"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE OF

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Communities Applied Policy Strategies

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) _____</p> <p>Mailing Address _____</p> <p>City _____ State _____ Zip Code _____</p> <p>Purpose of Disbursement _____</p> <p>Candidate Name _____</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: _____ District: _____</p>	<p>Date of Disbursement</p> <p>MM / DD / YYYY</p> <p>Amount of Each Disbursement this Period</p> <p>0.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) _____</p> <p>Mailing Address _____</p> <p>City _____ State _____ Zip Code _____</p> <p>Purpose of Disbursement _____</p> <p>Candidate Name _____</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: _____ District: _____</p>	<p>Date of Disbursement</p> <p>MM / DD / YYYY</p> <p>Amount of Each Disbursement this Period</p> <p>0.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) _____</p> <p>Mailing Address _____</p> <p>City _____ State _____ Zip Code _____</p> <p>Purpose of Disbursement _____</p> <p>Candidate Name _____</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: _____ District: _____</p>	<p>Date of Disbursement</p> <p>MM / DD / YYYY</p> <p>Amount of Each Disbursement this Period</p> <p>0.00</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional).....▶</p> <p><b>TOTAL</b> This Period (last page this line number only).....▶</p>	
<p>0.00</p> <p>0.00</p>	

# SCHEDULE C (FEC Form 3X)

## LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE OF  
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) **Communities Applied Policy Strategies**

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election:

- ☐ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

0.00

0.00

0.00

### TERMS

Date Incurred

Date Due

Interest Rate

Secured:

MM/DD/YYYY

MM/DD/YYYY

% (apr)

☐ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding: 0.00

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

SUBTOTALS This Period This Page (optional) ▶

0.00

TOTALS This Period (last page in this line only) ▶

0.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C-1 (FEC Form 3X)**  
**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
Information found on  
Page \_\_\_\_ of Schedule C

NAME OF COMMITTEE (In Full) <div style="text-align: center;">Communities Applied Policy Strategies</div>		FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px;">C 00570531</div>	
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan <div style="border: 1px solid black; padding: 2px; text-align: center;">0.00</div>	Interest Rate (APR) <div style="border: 1px solid black; padding: 2px; text-align: center;">0% %</div>	
Mailing Address	Date Incurred or Established <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>	Date Due <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>	
City	State	Zip Code	
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes      If yes, date originally incurred <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>			
B. If line of credit, Amount of this Draw: <div style="border: 1px solid black; padding: 2px; text-align: center;">0.00</div>		Total Outstanding Balance: <div style="border: 1px solid black; padding: 2px; text-align: center;">0.00</div>	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes      If yes, specify: _____		What is the value of this collateral? <div style="border: 1px solid black; padding: 2px; text-align: center;">0.00</div> Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes      If yes, specify: _____		What is the estimated value? <div style="border: 1px solid black; padding: 2px; text-align: center;">0.00</div>	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>		Location of account: Address: _____ City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment. _____			
G. COMMITTEE TREASURER Typed Name <b>Robert Martinez</b> Signature		DATE <div style="border: 1px solid black; padding: 2px;">10 / 15 / 2015</div>	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>	
Title			

# SCHEDULE D (FEC Form 3X)

## DEBTS AND OBLIGATIONS

### Excluding Loans

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE OF

FOR LINE NUMBER:  
(check only one)

9  
10

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

0.00

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

0.00

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

1) SUBTOTALS This Period This Page (optional).....▶

0.00

2) TOTALS This Period (last page this line number only).....▶

0.00

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶

0.00

2011-10-10 10:00 AM 0000000000

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE      OF  
FOR LINE 24 OF FORM 3X

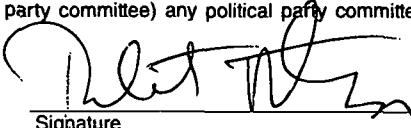
NAME OF COMMITTEE (In Full) <div style="text-align: center;">Communities Applied Policy Strategies</div>	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;">C 00570531</div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		
City	State	Zip Code
Purpose of Expenditure		Amount
Category/Type		0.00
Name of Federal Candidate Supported or Opposed by Expenditure:		Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
0.00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		
City	State	Zip Code
Purpose of Expenditure		Amount
Category/Type		0.00
Name of Federal Candidate Supported or Opposed by Expenditure:		Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
0.00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	0.00
(c) TOTAL Independent Expenditures.....	0.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

  
Signature

Date 

10

 / 

15

 / 

2015

2015-10-10 PM 00:00:00

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY  
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)  
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE  
(2 U.S.C. §441a(d))

**(To be used only by Political Committees in the General Election)**

PAGE	OF
FOR LINE 25 OF FORM 3X	

NAME OF COMMITTEE (In Full)		<b>Communities Applied Policy Strategies</b>					
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:			Full Name of Subordinate Committee				
			Mailing Address				
			City		State		ZIP Code
Full Name (Last, First, Middle Initial) of Each Payee			Purpose of Expenditure			<input type="text"/> Category/ Type	
Mailing Address			Date			<input type="text"/> / <input type="text"/> / <input type="text"/>	
City		State	Zip Code				
Name of Federal Candidate Supported	Office Sought:	<input type="text"/>	House	Senate	Presidential	State:	District:
Aggregate General Election Expenditure for this Candidate ▶ <input type="text"/>			Amount <input type="text"/> 0.00				
Full Name (Last, First, Middle Initial) of Each Payee			Purpose of Expenditure			<input type="text"/> Category/ Type	
Mailing Address			Date			<input type="text"/> / <input type="text"/> / <input type="text"/>	
City		State	Zip Code				
Name of Federal Candidate Supported	Office Sought:	<input type="text"/>	House	Senate	Presidential	State:	District:
Aggregate General Election Expenditure for this Candidate ▶ <input type="text"/>			Amount <input type="text"/> 0.00				
Full Name (Last, First, Middle Initial) of Each Payee			Purpose of Expenditure			<input type="text"/> Category/ Type	
Mailing Address			Date			<input type="text"/> / <input type="text"/> / <input type="text"/>	
City		State	Zip Code				
Name of Federal Candidate Supported	Office Sought:	<input type="text"/>	House	Senate	Presidential	State:	District:
Aggregate General Election Expenditure for this Candidate ▶ <input type="text"/>			Amount <input type="text"/> 0.00				
SUBTOTAL of Expenditures This Page (optional).....▶			<input type="text"/> 0.00				
TOTAL This Period (last page this line number only).....▶			<input type="text"/> 0.00				

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

Communities Applied Policy Strategies

USE ONLY ONE SECTION, A or B

**A. State and Local Party Committees**

Fixed Percentage (select one)

\_\_\_\_\_ Presidential-Only Election Year (28% Federal)

\_\_\_\_\_ Presidential and Senate Election Year (36% Federal)

\_\_\_\_\_ Senate-Only Election Year (21% Federal)

\_\_\_\_\_ Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees**

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☐  
or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal.....

0% %

Nonfederal .....

0% %

This ratio applies to (check all that apply):

Administrative ☐

Generic Voter Drive ☐

Public Communications Referencing Party Only ☐

# SCHEDULE H2 (FEC Form 3X)

## ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full) Communities Applied Policy Strategies

### RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text" value="0"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text" value="0"/> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text" value="0"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text" value="0"/> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text" value="0"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text" value="0"/> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text" value="0"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text" value="0"/> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text" value="0"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text" value="0"/> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text" value="0"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text" value="0"/> %</p>

**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE      OF  
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)      **Communities Applied Policy Strategies**

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	<div>MM</div> / <div>DD</div> / <div>YYYY</div>	0.00

**BREAKDOWN OF TRANSFER RECEIVED**

i) Total Administrative .....	0.00
ii) Generic Voter Drive .....	0.00
iii) Exempt Activities .....	0.00
iv) Direct Fundraising (List Activity or Event Identifier)	
a) .....	0.00
b) .....	0.00
c) Total Amount Transferred For Direct Fundraising .....	0.00
v) Direct Candidate Support (List Activity or Event Identifier)	
a) .....	0.00
b) .....	0.00
c) Total Amount Transferred For Direct Candidate Support .....	0.00
vi) Public Communications Referring Only to Party (Made by PAC) .....	0.00

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

TOTAL This Period (Administrative) .....	0.00
TOTAL This Period (Generic Voter Drive) .....	0.00
TOTAL This Period (Exempt Activities) .....	0.00
TOTAL This Period (Direct Fundraising) .....	0.00
TOTAL This Period (Direct Candidate Support) .....	0.00
TOTAL This Period (Public Communications Referring Only to Party) .....	0.00
TOTAL This Period (Total Amount Transferred) .....	0.00

2015-10-10 10:00:00 AM

PAGE	OF
FOR LINE 21a OF FORM 3X	

## Communities Applied Policy Strategies

C. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City		<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
State		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Zip Code		Allocated Activity or Event Year-To-Date	
Purpose of Disbursement:		<div></div>	
Activity or Event Identifier:		<div></div>	
Category/ Type		<div></div>	
Date		<div></div>	
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT
0.00		0.00	0.00

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
0.00	0.00	0.00

**(To be used by State, District and Local Party Committees Only)**

PAGE	OF
FOR LINE 18b OF FORM 3X	

## Communities Applied Policy Strategies

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	<div> <div>MM</div> <div>DD</div> <div>YY</div> </div>	0.00

### i) Voter Registration

**Total Amount Transferred for Voter Registration.....**

## VOTER REGISTRATION

0.00

ii) Voter ID

**Total Amount Transferred for Voter ID .....**

VOTER ID

000

iii) GOTV

**Total Amount Transferred for GOTV .....**

GOTV

0.00

iv) Generic Campaign Activity

Total Amount Transferred for Generic Campaign Activity .....

**GENERIC CAMPAIGN ACTIVITY**

0.00

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	<div> <div>MM</div> <div>DD</div> <div>YYYY</div> </div>	0.00

### i) Voter Registration

**Total Amount Transferred for Voter Registration.....**

## VOTER REGISTRATION

0.00

ii) Voter ID

Total Amount Transferred for Voter ID.....

VOTER ID

0.00

iii) GOTV

**Total Amount Transferred for GOTV .....**

GOTV

0.00

iv) Generic Campaign Activity

Total Amount Transferred for Generic Campaign Activity .....

### GENERIC CAMPAIGN ACTIVITY

0.00

**TOTAL This Period (Voter Registration)**

0.00

**TOTAL This Period (Voter ID)**

0.00

**TOTAL This Period (GOTV)**

0.00

**TOTAL This Period (Generic Campaign Activity).**

0.00

**TOTAL This Period (Total Amount of Transfers Received)**

0.00

PAGE	OF
FOR LINE 30a OF FORM 3X	

## Communities Applied Policy Strategies

0.00

0.000.00

0.00

0.00

0.00

**AGGREGATION PAGE: LEVIN FUNDS**

2017-10-10 10:00 AM 20070000

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
for each category of the  
Aggregation Page

PAGE OF

FOR LINE NUMBER:  
(check only one)

☐ 1a

☐ 2

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) **Communities Applied Policy Strategies**

<b>A.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
	Mailing Address	<input type="text"/> / <input type="text"/> / <input type="text"/>
	City State Zip Code	Amount of Each Receipt this Period
	Name of Employer or Principal Place of Business	<input type="text"/> 0.00
	Occupation	Aggregate Year-to-Date
		<input type="text"/> 0.00
<b>B.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
	Mailing Address	<input type="text"/> / <input type="text"/> / <input type="text"/>
	City State Zip Code	Amount of Each Receipt this Period
	Name of Employer or Principal Place of Business	<input type="text"/>
	Occupation	Aggregate Year-to-Date
		<input type="text"/> 0.00
<b>C.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
	Mailing Address	<input type="text"/> / <input type="text"/> / <input type="text"/>
	City State Zip Code	Amount of Each Receipt this Period
	Name of Employer or Principal Place of Business	<input type="text"/>
	Occupation	Aggregate Year-to-Date
		<input type="text"/>
<b>D.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
	Mailing Address	<input type="text"/> / <input type="text"/> / <input type="text"/>
	City State Zip Code	Amount of Each Receipt this Period
	Name of Employer or Principal Place of Business	<input type="text"/>
	Occupation	Aggregate Year-to-Date
		<input type="text"/>
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		<input type="text"/> 0.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶		<input type="text"/> 0.00

**SCHEDULE L-B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**  
**OF LEVIN FUNDS**

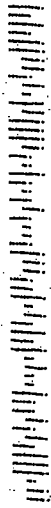
Use separate schedule(s)  
for each category of the  
Aggregation Page

FOR LINE NUMBER: (check only one)	PAGE	OF
<input type="checkbox"/> 4a	<input type="checkbox"/> 4c	<input type="checkbox"/> 5
<input type="checkbox"/> 4b	<input type="checkbox"/> 4d	

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NAME OF COMMITTEE (In Full)	Communities Applied Policy Strategies
-----------------------------	---------------------------------------


<b>A.</b> Full Name (Last, First, Middle Initial) / Full Organization Name _____ Mailing Address _____ City State Zip Code _____ Purpose of Disbursement _____		Date of Disbursement M M / D D / Y Y Y Y Y Y _____ Amount of Each Disbursement this Period 0.00
<b>B.</b> Full Name (Last, First, Middle Initial) / Full Organization Name _____ Mailing Address _____ City State Zip Code _____ Purpose of Disbursement _____		Date of Disbursement M M / D D / Y Y Y Y Y Y _____ Amount of Each Disbursement this Period _____
<b>C.</b> Full Name (Last, First, Middle Initial) / Full Organization Name _____ Mailing Address _____ City State Zip Code _____ Purpose of Disbursement _____		Date of Disbursement M M / D D / Y Y Y Y Y Y _____ Amount of Each Disbursement this Period _____
<b>D.</b> Full Name (Last, First, Middle Initial) / Full Organization Name _____ Mailing Address _____ City State Zip Code _____ Purpose of Disbursement _____		Date of Disbursement M M / D D / Y Y Y Y Y Y _____ Amount of Each Disbursement this Period _____
<b>E.</b> Full Name (Last, First, Middle Initial) / Full Organization Name _____ Mailing Address _____ City State Zip Code _____ Purpose of Disbursement _____		Date of Disbursement M M / D D / Y Y Y Y Y Y _____ Amount of Each Disbursement this Period _____
<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶		0.00
<b>TOTAL</b> This Period (last page this line number only).....▶		0.00



Federal Election Commission  
999 E Street W  
Washington, DC 2046

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked Date of Receipt 10/19/15
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input checked="" type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

  
PREPARER  
(3/2015)

10/19/15  
DATE PREPARED